



Secretary of State
Statement of Information

(California Nonprofit, ~~Credit Union and~~
~~General Cooperative Corporations~~)

17

SI-100

Trust having
corporate powers

19-610830

FILED

Secretary of State
State of California

MAR 01 2019

IMPORTANT — Read instructions before completing this form.

Filing Fee — \$20.00;

Copy Fees — First page \$1.00; each attachment page \$0.50;
Certification Fee — \$5.00 plus copy fees

1. Corporation Name (Enter the exact name of the corporation as it is recorded with the California Secretary of State)

The Leland Stanford Junior University

This Space For Office Use Only

2. 7-Digit Secretary of State File Number

C1264149

3. Business Addresses

a. Street Address of California Principal Office, if any - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
450 Serra Mall, Building 10	Stanford	CA	94305
b. Mailing Address of Corporation, if different than Item 3a	City (no abbreviations)	State	Zip Code
Office of the President, Building 10	Stanford	CA	94305

4. Officers

The Corporation is required to enter the names and addresses of all three of the officers set forth below. An additional title for Chief Executive Officer or Chief Financial Officer may be added; however, the preprinted titles on this form must not be altered.

a. Chief Executive Officer/	First Name	Middle Name	Last Name	Suffix
Marc			Tessier-Lavigne	
Address		City (no abbreviations)	State	Zip Code
450 Serra Mall, Building 10		Stanford	CA	94305
b. Secretary	First Name	Middle Name	Last Name	Suffix
Megan			Pierson	
Address		City (no abbreviations)	State	Zip Code
Office of the President, Building 10		Stanford	CA	94305
c. Chief Financial Officer/	First Name	Middle Name	Last Name	Suffix
Randall		S.	Livingston	
Address		City (no abbreviations)	State	Zip Code
408 Panama Mall, 3rd Floor		Stanford	CA	94305

5. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL — Complete Items 5a and 5b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Suffix
Debra	L.	Zumwalt	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
450 Serra Mall, Building 170, 3rd Floor	Stanford	CA	94305

CORPORATION — Complete Item 5c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) — Do not complete Item 5a or 5b

6. Common Interest Developments

☐ Check here if the corporation is an association formed to manage a common interest development under the Davis-Sterling Common Interest Development Act (California Civil Code section 4000, et seq.) or under the Commercial and Industrial Common Interest Development Act (California Civil Code section 6500, et seq.). The corporation must file a Statement by Common Interest Development Association (Form SI-CID) as required by California Civil Code sections 5405(a) and 6760(a). See Instructions.

7. The information contained herein, including in any attachments, is true and correct.

2/26/19
Date

Debra L. Zumwalt

Type or Print Name of Person Completing the Form

VP/Gen. Counsel

Title

Signature